

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	1-24-01
FORMALITY REVIEW	L. Rette	SCSS1	02-09-0
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓	.....	Rejected	N	.....	Non-elected
=	.....	Allowed	I	.....	Interference
-	.....	Canceled	A	.....	Appeal
+	(Through numeral).....	Restricted	O	.....	Objected

Claim	Final	Original	Date
1	2		
2	3		
3	4		
4	5		
5	6		
6	7		
7	8		
8	9		
9	10		
10	11		
11	12		
12	13		
13	14		
14	15		
15	16		
16	17		
17	18		
18	19		
19	20		
20	21		
21	22		
22	23		
23	24		
24	25		
25	26		
26	27		
27	28		
28	29		
29	30		
30	31		
31	32		
32	33		
33	34		
34	35		
35	36		
36	37		
37	38		
38	39		
39	40		
40	41		
41	42		
42	43		
43	44		
44	45		
45	46		
46	47		
47	48		
48	49		
49	50		

Claim	Date
Final	
Original	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

Claim	Date					
Final Original						
101						
102						
103						
104						
105						
106						
107						
108						
109						
110						
111						
112						
113						
114						
115						
116						
117						
118						
119						
120						
121						
122						
123						
124						
125						
126						
127						
128						
129						
130						
131						
132						
133						
134						
135						
136						
137						
138						
139						
140						
141						
142						
143						
144						
145						
146						
147						
148						
149						
150						

**If more than 150 claims or 10 actions  
staple additional sheet here**

(LEFT INSIDE)

**BEST AVAILABLE COPY**